

**H & M Student Community Volunteer Form**  
**Please return to Mr. Jeffrey Bradley, Skyline High**  
**Health & Medicine, Biomedical Sciences Program**  
**[bradleyj@aaps.k12.mi.us](mailto:bradleyj@aaps.k12.mi.us) 994-6515**



**Filled out by Student:**

Student  
Name \_\_\_\_\_

Volunteer Event \_\_\_\_\_

Date: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

**Filled out by Hospital/Laboratory/Company/Organization:**

Contact Name: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Can you verify that the above student has completed the volunteer hours stated?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student on time to the event? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student professional during the event and interacting with others?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student presentable/professionally dressed? Yes \_\_\_\_\_ No \_\_\_\_\_

Was the student willing to do what was asked of them and in a timely manner?

Yes \_\_\_\_\_ No \_\_\_\_\_

Other Comments/Suggestions:

Signature of Verification

Title

\_\_\_\_\_

\_\_\_\_\_